



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR PRACTITIONER'S LICENSE

OFFICE OF TATTOOING, BODY PIERCING AND BRANDING
PO BOX 1335
JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 526-8288
FAX: (573) 526-3489

INSTRUCTIONS

- Please read this form before completing.
- This form must be typed or printed legibly in black ink.
- Provide complete information (incomplete information will delay review of your application).
- Enclose the appropriate application fee (listed below) and make check payable to the Office of Tattooing, Body Piercing and Branding.
- Payment must be made in the form of a check or money order.
- **ALL FEES ARE NONREFUNDABLE.**
- Pursuant to §324.024, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials.

THIS APPLICATION IS BEING SUBMITTED FOR LICENSURE AS A

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| <input type="checkbox"/> \$100.00 TATTOOIST | <input type="checkbox"/> \$120.00 COMBINED PRACTITIONER LICENSE |
| <input type="checkbox"/> \$100.00 BODY PIERCER | (Please check the appropriate categories below.) |
| <input type="checkbox"/> \$100.00 BODY BRANDER | <input type="checkbox"/> TATTOOIST <input type="checkbox"/> BODY PIERCER <input type="checkbox"/> BODY BRANDER |

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	FORMER(MAIDEN)
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER
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EMAIL

MAILING ADDRESS - OTHER THAN PO BOX	CITY	STATE	ZIP CODE
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CURRENT PLACE OF EMPLOYMENT	EMPLOYMENT TELEPHONE NUMBER
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EMPLOYMENT ADDRESS	CITY	STATE	ZIP CODE
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PROFESSIONAL EXPERIENCE - List all employers in the past three years. Begin with the most recent employment, using additional sheets if necessary.

A. NAME OF EMPLOYER	ADDRESS OF EMPLOYER
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NATURE OF BUSINESS	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
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TITLE OF APPLICANT'S POSITION

REASON FOR LEAVING

B. NAME OF EMPLOYER	ADDRESS OF EMPLOYER
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NATURE OF BUSINESS	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
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TITLE OF APPLICANT'S POSITION

REASON FOR LEAVING

C. NAME OF EMPLOYER	ADDRESS OF EMPLOYER
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NATURE OF BUSINESS	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
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TITLE OF APPLICANT'S POSITION

REASON FOR LEAVING

LICENSURE - The applicant must answer the following questions. If any of the questions are answered YES, the applicant must provide a written notarized statement and applicable copies of all court documents.

	YES	NO
1. Have you ever been denied a professional license, certification, registration, or permit?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise suspended, or otherwise subject to any type of disciplinary action, or voluntarily surrendered under threat of disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever, in a criminal prosecution, been found guilty, pled guilty, pled nolo contendere or received a suspended imposition of sentence for violation of any laws of a state or in the United States, whether or not sentence was imposed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been a party in a civil suit that is medically related?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a medical condition which in any way impairs or limits your ability to perform the duties of a tattooist, body piercer or brander?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been convicted adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you currently, or did you within the past five years, use any prescription drug, controlled substance, illegal chemical substance or alcohol, to the point where your ability to competently practice as a licensed tattooist, body piercer, or brander would be affected?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you now being treated or have you been treated within the past five years, through a drug or alcohol rehabilitation program? If YES, explain fully in a separate notarized statement and attach verification of chemical or alcohol dependency treatment.	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had a judgement rendered against you based upon fraud, misrepresentation, deception or malpractice related to your practice as a licensed tattooist, body piercer or brander?	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

SWORN AFFIDAVIT

I, _____, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice tattooing and/or body piercing and/or branding in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit in consideration this application as required by the Missouri law governing the practice of tattooing, body piercing, and branding and subject to the rules and regulations of the Office of Tattooing, Body Piercing and Branding, I subscribe and agree to abide by all applicable laws and rules regarding the practice of tattooing, body piercing and branding. I hereby certify that I have familiarized myself with sections 324.520 – 324.524, RSMo, known as the Tattooist, Body Piercing and Branding Act and applicable rules promulgated by the Office of Tattooing, Body Piercing and Branding.

Enclosed is the application fee, which is nonrefundable. I understand that the office may require further information or evidence that is deemed reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC ►		SIGNATURE	
NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			